

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO. **625163**
APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51		/				
2	/						52		/				
3		/					53		/				
4		/					54		/				
5		/					55	/	/				
6		/					56		/				
7		/					57		/				
8	/						58		/				
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13		/					63	/					
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44		/					94						
45		/					95						
46		/					96						
47		/					97						
48		/					98						
49		/					99						
50		/					100						
TOTAL IND.	7						TOTAL IND.	6					
TOTAL DEP.	43						TOTAL DEP.	30					
TOTAL CLAIMS	50						TOTAL CLAIMS	36					